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Irrational addicts and responsible pleasure seekers:

Constructions of the drug user

Margaret Pereira and Kerry Carrington

Abstract

Historically, drug use has been understood as a problem of epidemiology, psychiatry, physiology, and criminality requiring legal and medical governance. Consequently drug research tends to be underpinned by an imperative to better govern, and typically proposes policy interventions to prevent or solve drug problems. We argue that categories of 'addictive' and 'recreational' drug use are discursive forms of governance that are historically, politically and socially contingent. These constructions of the drug problem shape what drug users believe about themselves and how they enact these beliefs in their drug use practices. Based on qualitative interviews with young illicit drug users in Brisbane, Australia, this paper uses Michel Foucault's concept of governmentality to provide insights into how the governance of illicit drugs intersects with self-governance to create a drug user self. We propose a reconceptualisation of illicit drug use that takes into account the contingencies and subjective factors that shape the drug experience. This allows for an understanding of the relationships between discourses, policies, and practices in constructions of illicit drug users.

Keywords

Governmentality; young people; neo-liberalism; recreational drug use; addiction; practices of the self.

Introduction

Drug policy interventions are typically informed by research that is founded on pre-existing assumptions about drug use and notions of particular characteristics of illicit drug users (Moore 2002; Martin and Stenner 2004; Agar 1997). Knowledge about drug use subsequently becomes that which is analysed and diagnosed so that solutions to pre-determined problems can be prescribed. This type of research has, in effect, tended to reproduce subjects and determine domains for knowledge about drugs and drug users in relation to selective truths (Martin and Stenner 2004, p. 395). These constructions of the drug problem generate a range of legal responses, drug treatment technologies and rehabilitative programs that are intended to prevent drug related harms such as crime and addiction (Cruikshank

1993; Rose 1996). This paper adds to an existing body of critical drug research that analyses the political, cultural and social contingencies of drug dependence and questions the methodologies used to determine benchmarks of addiction (Martin and Stenner 2004; Moore 2002; 1992; Keane 2002; O'Malley 2004; Coomber and Sutton 2006). We seek to understand how responses to the drug problem impact on the ways in which illicit drug users understand their drug use, and how these understandings might be enacted in drug use practices.

We argue that categories of 'addictive' and 'recreational' drug use are discursive forms of governance that are historically, politically and socially contingent. These dichotomies are typically premised on distinctions between those who are functional or dysfunction, rational or irrational, productive or unproductive, and orderly or disorderly (O'Malley and Valverde 2004; Moore 1992; Simpson 2003). Using qualitative interview data it is argued that these categories are not simply imposed by external discourses and authorities, but also entail a complex process of self-definition by which drug user identity is produced and intertwined with what drug users believe about their drug use (Coomber and Sutton 2006; Davies 1997). From this perspective the beliefs that people hold about their drug use cannot be separated from subjective factors, social and structural conditions, and the discursive problematisation of illicit drug use within institutional settings (Coomber and Sutton 2006; Davies 1997). Finally, this paper considers how the drug problem could be redefined through research that investigates the contingencies and nuances of problematic drug use, rather than beginning from a position of pre-given assumptions about the drug problem.

The study

This paper is based on qualitative interviews conducted in Brisbane, Australia during 2011 with 29 illicit drug users aged 18 to 25 years (female=10, male=19). All interview respondents chose a pseudonym to protect their identity and these have been used in reporting of the research results. Drug user participants identified themselves as regular users, defined in terms of weekly to fortnightly use for a period of at least two months, or less frequently over a longer period of time. For the purposes of this research, the term 'illicit' encompasses the use of illegal substances, or the use of legal substances in ways other than that which is intended or prescribed.

Drug user participants

Nine participants, three of whom identified as Aboriginal, were recruited from a youth service in Brisbane. Sixteen participants were recruited from three separate Brisbane universities, and four were recruited through friends and through an online drug discussion forum, *Bluelight*. Eight of the respondents from the youth service had left school by the age of 15, none had a university education, all were unemployed, and at the time of interview all nine respondents reported being homeless or living in temporary accommodation. All the respondents from the youth service reported being incarcerated in a juvenile detention centre or an adult prison on at least one occasion for drug related matters. In addition, three were undergoing court proceedings and expected to receive a prison sentence in the near future.

The young people recruited from the youth service all described their drug use as problematic and as an addiction over which they little or no control. They also reported that they were regular injecting drug users, and their drug use typically involved the illicit use of the synthetic opioid, oxycodone. The anti-anxiety medication Xanax was the second most popular drug, with eight respondents reporting that they regularly misused the drug. Seven respondents reported that they regularly misused other prescription drugs including buprenorphine, methadone, diazepam and temazepam, amphetamines and cannabis. Four respondents regularly used heroin, and two reported that they regularly inhaled glue or paint.

In contrast, all the students and full-time workers interviewed for the research described their drug use as recreational, rational, and a temporary form of fun. They perceived their drug use as unproblematic, none had ever been charged with a drug offence, and all had aspirations for a good career, domestic happiness and home ownership. Most of the students ($n=15$) and full-time workers ($n=3$) regularly used ecstasy and cannabis. Four of the students and one of the full-time workers reported that they regularly used LSD, while one student and one full-time worker regularly used amphetamines.

Interviews

Semi-structured, partially open-ended interviews focused on the types of drugs respondents used, the contexts of their drug use, their concepts of drug related harm, what they believed about themselves as drug users, and how these beliefs influenced their drug use practices. Unsurprisingly, data analysis

revealed strong links between respondents' sociodemographic characteristics, the types of drugs they used, and their perceptions and experiences of their drug use as either recreational or as an addiction. Correlations between drug users' lifestyles, socioeconomic characteristics and experiences have been well documented in drug literature (Paylor, Measham and Wilson 2012; Parker, Aldridge and Measham 1998; Hammersley, Khan and Ditton 2002; Bourgois 1998). However the purpose of this research is not to analyse drug user typologies or correlates of drug use between different groups. Rather, this research draws on interview data to interrogate and analyse how pre-given fixed categories of drug use are constructed in institutional discourses and practices, drug policies and drug use practices. It is argued that 'truths' such as recreational and problematic drug use form the basis of contemporary governance and translate into ways of managing, monitoring, and organising drug using populations (Vrecko 2010; O'Malley and Valverde 2004). We also use the interview data to explore the power effects of these discourses in order to understand how drug users come to understand and govern their own drug use.

Governmentality as a method for the research

Foucault's concept of governmentality conceptualises the complex interaction between external governing authorities such as state institutions and non-government organisations, and the government of oneself. Governmentality offers a helpful framework for analysing how drugs and drug users are problematised and managed because it encourages open-ended accounts of the practices of government in specific fields (Garland 1997).

Foucault (1977, pp. 27-28) argued that power and knowledge coexist and are mutually interdependent. Following Foucault, this research seeks to understand the interplay of power and the subject. Using his approach, we propose that fixed pre-conceived notions of drug problems are produced through the power effects of policy-driven research. This dominant body of research has enabled drug problems to become universal truths that are uncritically translated into perceptions of factual realities (Vrecko 2010; Moore 2002). An awareness of the historical, political and cultural contingencies of drug problems is submerged and they come to be thought of as having a natural existence (Vrecko 2010; Treichler 1999).

Foucault sought to disrupt such taken-for-granted truths which problematise and criminalise particular populations of the social body. This allows for a critique of the status quo of knowledge and an understanding of the nuances, complexities, historical mutations and contingencies that form contemporary social life (Foucault 1984, p. 48). Consistent with Foucault's method, the approach taken in this research aims to disrupt discourses about categories of drug use and drug users which have come to enjoy a status of perceived truth. We seek to illustrate how these discursive representations of truth are problematic in themselves (Patton 2002; Martin and Stenner 2004).

The problem drug user

With the influence of scientific positivism in late nineteenth century, a medical concern for the misuse of drugs in Britain and the United States was part of a broader reclassification of a range of conditions such as homosexuality, insanity, poverty and crime that became linked to particular types of people (Berridge and Edwards 1987; Royal Commission into the non-medical use of drugs, South Australia 1978). The concept of addiction emphasised an unprecedented distinction between legitimate medical use and illegitimate non-medical use (Berridge and Edwards 1987, p. xxix). There was an emphasis on individual psychological and biological predisposition, and terminology such as 'drugs', 'addict', 'dependence' and 'abuse' came into common usage by the medical profession and was translated in public discourse (Bull 2008; South Australia, Royal Commission into the non-medical use of drugs 1979; Manderson 1993; Berridge and Edwards 1987).

Addicts and their addiction were defined in terms of their deviation from accepted norms of morality, conduct and thought. The medical profession defined habitual opiate use as a disease that was said to be caused by moral weakness and a form of insanity (Valverde 1998; Parssinen and Kerner 1980). This moralisation of addiction as a disease represented a paradox in which addiction was represented as a medical problem, yet simultaneously a personal defect. In effect, this was a liberal paradox between the irrational addict in need of medical intervention, and the rational individual who could choose whether or not to exercise moral behaviour. The result was a diagnosis and common understanding of addiction as a 'disease of the will', rendering the drug addict as simultaneously pathological and weak willed, and thus driven by both compulsion and free will (O'Malley, 2004; Valverde 1998; Seddon 2010).

A more recent representation of the dependent user is the 'problem drug user' who according to Seddon (2011) is a mutation of the nineteenth century and early twentieth century notions of the pathological addict. The pragmatic, problem-oriented concept of the problem drug user has replaced the discourses of morality and pathology evident in the nineteenth century concept of the weak willed addict. Functionality as a neo-liberal measure of problematic drug use allows for a construction of the problem drug user as a distinctive class or category of person whose drug use is based on their productivity and whether or not their drug use is beyond their financial means (Seddon 2011). Few people would question the need for functionality in terms of employment, financial independence, and satisfying personal and social relationships. However, what is salient in discourses of dysfunction is that the contemporary notions of the problem drug user opens up possibilities for multiple new sites of governance based primarily on drug users' capacity for effective social functioning (Rose 1999; O'Malley, 2004; Carrington 1993; Seddon 2011; Valverde 1998; Valentine 2007). This has implications for drug policy responses, for how the use of particular substances are problematised, and for the ways in which different types of drug users are policed, punished and treated within therapeutic settings. As MacKenzie (2008, p. 514) argues, those deemed to be problematic drug users may be portrayed as compelled to commit crimes, and subsequently become socially excluded and subjected to treatment or punishment or both.

Regulated pleasure seekers, grubs and dirty junkies

Contemporary drug theorists have argued that peer-groups and drug cultures are fundamental to the construction of pleasure and entertainment in the drug experience (Hammersley, Khan and Ditton 2002; Stewart 1987). These descriptions of pleasure are generally reserved for drug use that is perceived as recreational, such as ecstasy and other party drugs (Hammersley, Khan and Ditton 2002; Measham, Aldridge and Parker 1998). There has however, been little discussion of pleasure in relation to injecting drug use or drugs perceived as addictive, such as heroin or methadone (Valentine and Fraser 2008). It has been argued that this is because the use of addictive substances is considered to be motivated by social, environmental or individual pathology rather than pleasure or entertainment (O'Malley and Valverde 2004; Valentine and Fraser 2008; MacLean 2005; Moore 2002).

Fraser and Moore (2008, p. 746) analysed how taxonomies of drug use as chaotic and ordered are integrated into policy documents, media, drug research and public discourse. They argue that

representations of injecting drug users as chaotic establishes and polices boundaries between the ostensibly unproductive and disorderly lives of injecting drug users, and the normal, orderly and productive lives of non-injecting drug users. The use of party drugs tends to be portrayed as recreational, rational, informed and normal, rather than exceptional (Measham, Aldridge and Parker 1998; Measham and Shiner 2009). In addition, social class, rather than the physical or psychological effects of particular substances per se, may be a significant determinant of whether or not various forms of drug use are deemed problematic. For example, ecstasy is commonly associated with dance culture and is typically represented as a drug used by middle class youth (Gourley 2004; Hammersley, Khan and Ditton 2002). Hence, the problem of drug use is interwoven with representations of recreational drug use as a fun activity of middle class drug users, in contrast to dependent drug use which is associated with the unruly, working class (Gourley 2004; Seddon 2006).

The use of recreational drugs is generally regarded as an experimental, relatively harmless activity of young people who are not alienated from society, nor addicted to drugs or involved in delinquency or crime (Gourley 2004; Seddon 2006). Dependent drug use, on the other hand, is pathologised as it tends to be conflated with injecting drug use, poverty, marginalisation, addictive drugs, and a problematic, chaotic lifestyle characterised by criminal activity and prolonged individual lack of control (Valentine and Fraser 2008). O'Malley and Valverde (2004, p. 39) assert that categories such as pleasure and dependence are discursively linked to reason. They argue that these discourses can be located in the Enlightenment and in liberal governance after the eighteenth century when pleasure within consumption culture was deployed only when the consumption was 'within reason'. Thus addicts are not driven by reason, but by chemical dependency. According to O'Malley and Valverde (2004, p. 39) these discourses have not disappeared but continue to be deployed in the liberal government of drug consumption.

The pervasiveness of these perceptions of dependent and reasonable drug use was evident in comments made by the university students and full-time workers interviewed for our study. They described their drug use as recreational, responsible and relatively harmless and contrasted their own reasonable, responsible drug use against what they viewed as irrational, irresponsible injecting, or unhygienic drug use. They were highly critical of those they described in terms of being 'dirty

junkies' or 'grubs', particularly injecting drug users and those who failed to exercise self-control. Sue who was a full-time worker for a local government agency commented:

I think shooting up is dirty, disgusting and degrading... it shows someone is a junkie... a grub. (Sue)

Danny, a worker in the entertainment industry who regularly used cannabis and ecstasy regarded injecting drug use as irrational and thought that injecting drug users should be punished:

I'm all for stamping out heroin that ruins lives ... and punishing people for heroin ... I don't associate with people who use that sort of drug ... only the true wasters want to stick a needle in their arm ... that goes beyond human rational behaviour(Danny)

These comments illustrate how the recreational drug user is created in relation to others, through social norms, values, and cultures. From a Foucaultian perspective, it is through various medico-moral truths about dirty, irresponsible junkies that recreational drug users have come to understand themselves as responsible and unproblematic (Foucault 1984, p. 387). Just as knowledge transforms people into certain types (Hacking 1986) it also has the discursive effect of creating a dichotomy between problematic 'junkies' and unproblematic recreational drug users (O'Malley and Valverde 2004).

The drug user self

Foucault was concerned with the relationship between truth, power and the self, and how humans enter into games of truth to understand themselves (Foucault 1997; Kendall 2011). He argued that games of truth are defined by knowledge, either in the form of science, or in the practices of institutions such as clinics or the prison.

Despite a plethora of research on addiction, the meanings of terms such as addict, 'addiction' and 'dependence' remain somewhat ambiguous. Coomber and Sutton's (2006, p. 469) study on the time taken to become addicted to heroin suggests that the categorisation of drug users is not restricted to externally imposed definitions, but is also a process of self-definition. They propose that drug users' beliefs about their drug use are produced through institutional discourses and practices which largely ignore the social, psychological and contextual processes that are intertwined with how people use drugs.

Moore (1992, p. 462) argues that there is little known about drug dependence outside of the clinical environment and, as most drug use occurs in non-clinical community settings, clinical conceptualisations of dependence may not even be relevant to the everyday lives of drug users. If drug dependence does in fact exist, the clinical paradigm is unhelpful because it obscures important elements of how dependence is constituted by the social processes that characterise a given social context of drug use (Moore 1992, p. 486). Similarly, Coomber and Sutton (2006, p. 463) argue that the therapeutic setting is an inadequate environment for assessing dependence within the real world because it is free of other confounding factors that might interrupt continued use.

According to the radical view of Thomas Szasz (1998) there is no real pharmacological basis for addiction, rather addiction is a construct of social, political and cultural factors. Coomber and Sutton (2006, p. 469) take a more moderate approach, arguing that no one really knows how long it takes to become addicted to a substance, however it could potentially take as long as 12 months for a person to become addicted to heroin. Further, the beliefs that users have about their drug use are important to how they react to it (Coomber and Sutton 2006; Davies 1997). Coomber and Sutton (2006) argue that people may interpret their drug use as addictive because it best serves their purposes and society's definitions of their behaviour (Davies 1997). However addiction is socially and culturally contingent and interwoven with personal, structural and individual circumstances, such as employment, relationships, peer groups and so on, in addition to beliefs about drug use that are formed within social institutions (Coomber and Sutton 2006).

Forming an 'addict' self

Myths and misconceptions about drug addiction can result in a belief that dependence is a chronic condition that can only be overcome through substitute prescribing, counselling and various other forms of self-help (Coomber and Sutton 2006). Drug users attending the youth service in Brisbane believed that their drug use was an addiction over which they had little or no control. Several clients regarded their experiences of crime, prison and failed attempts at rehabilitation as testimony to their inability to control their addiction. Many reported that they needed help from a range of pharmacotherapy drug substitution technologies and drug support services. A 21 year old respondent John, who had been incarcerated for several years as a juvenile and as an adult for drug related

offences, believed that he could not control his heroin use without the opioid receptor antagonist naltrexone:

... I've got naltrexone implanted into me at the moment...it stops the receptors in my brain from getting stoned and using anything to do with opium... if I use heroin I'll get withdrawal symptoms ... the only thing that works for me is the naltrexone implant(John)

Reinarman (2005, p. 316) considers that the physiological and pharmacological dimensions of addiction have been over-emphasised and cannot sufficiently account for drug using behaviours, such as apparent 'desperate junkie' behaviour. He argues that addicts learn the lexicon of disease from counsellors, therapists, judges, probation officers and other drug users, and are taught to form a self in terms of their lives and behaviour, according to a model of addiction-as-disease (Reinarman (2005, pp. 314-315). John and Chris, both long-term injecting drug users were two of several respondents who believed their addiction was a disease, and therefore beyond their control:

Some people can go out partying and take a pill then go back to their fulltime job the next day... I couldn't do that... I just go off the rails with drugs... if you're an addictive personality you're gonna get addicted. (John)

I would say I've got an addiction... I do it as many times a day as I can... I've got an addictive personality. (Chris)

Drug users' representations of their drug use as problematic and out-of-control may be the only way they can get access to services and hence, the formation of an addict-self is both functional and self-reinforcing (Reinarman 2005; Cruikshank 1993; Keane 2002). Anne, who was striving to abstain from using oxycodone, was a frequent user of drug services and felt that she needed ongoing support from services in order to sustain her psychological and emotional wellbeing:

people like me need someone who isn't going to give up on them ... who has to be there 24/7, which is hard ... I mean I don't think there are any 24/7 services in Brisbane ... we need a lot more of them in every city. (Anne)

Our research certainly does not deny the very real, lived experiences of addiction, or the traumas or difficulties associated with participants' drug use. Nor does it seek to minimise the need for good

health care, drug services and supports. What is of interest however, are the ways in which addiction is produced and constantly reinforced by a range of drug services and technologies of therapy and rehabilitation. It is not the sort of individual the addict is that is important to the research, or how severe their addiction is thought to be. Rather, this research is concerned with exploring what sort of contingent, shifting and changing subjectification is at work in the construction of the addict, and how truths about addiction, defined by scientific knowledge, are constituted within institutions, and how they might be enacted as drug use practices.

Forming a recreational drug user self

Recreation, functionality, normality and discipline were key themes that emerged from interviews with our cohort of 16 students and four full-time workers. 'Appropriate' drug use was perceived in terms of that which did not impact on their capacity to study, work or function in everyday life, and did not interfere with long-term health, wellbeing or aspirations of future success. Julian, a Bachelor of Arts student explained that he only uses drugs in appropriate contexts with friends:

I would never take drugs just for the sake of it ... only when there are things to go to and friends that are involved. (Julian)

Cindy, a full-time government worker explained the meaning of being responsible:

Ninety percent of my friends just use for a good time and hold down jobs and be responsible....responsible drug use comes with maturity. (Cindy)

Notions of responsibility also included a rational calculation of risk as described by Jenny, an accounting student:

...you take it [ecstasy] as safely as possible...just take half and if you get bad effects...stop...I take an economic rationalist view...I calculate that the return is worth the risk...it's a rational choice...a lot cheaper and more fun than alcohol....(Jenny)

These recreational drug users self-governed their drug use pleasures through rational practices of restraint, austerity and discipline, acting within codes of appropriate behaviour to ensure their drug use did not impact on other aspects of their lives they considered to be important. These findings resonate with O'Malley and Valverde's (2004, p. 39) argument that pleasure in drug use is only legitimised

when it is informed and calculated to allow the drug user to manage their own risk and minimise harm. Moderation is akin to the experience of pleasure however dependency is associated with compulsion and pathology.

Similarly, Fraser and Moore (2008, p. 744) argue that in discourses of illicit drug use, neo-liberal values such as autonomy, choice, employment, responsibility, rationality and prevention are typically associated with regulated consumption. Excessive use is regarded as irrational and subsequently stigmatised while regulated drug use is contrasted as rational and responsible. In this neo-liberal construction of the responsible subject, recreational drug users' subjectivity is made up through an alignment of the personal goals of the recreational drug user, and neo-liberal goals of responsibility and functionality (Cruikshank 1993). The recreational drug users in this research shape their experience of subjectivity through the self-regulation of their conduct—through their ethical practices which are established through practices of the self (Foucault 1985; Kelly 2006).

Conclusion

It is indisputable that many substances, regardless of their legality, are dangerous and harmful, yet there remains considerable ambiguity about the extent to which substances cause harm or the types of harms they cause. Somewhat ironically, these ambiguities are not reflected in the blunt, discursive categorisations of recreational and problematic drug use and drug users. Notions of drug harm and inevitable addiction are historically contingent and are conflated with a range of subjective, political, social, and cultural factors (Coomber and Sutton 2006). Drug research that takes into account the influences of these contingencies, and the complex processes by which addiction may be produced and reinforced within institutional discourses and practices is critical in order to dispel myths that distort and obscure other truths about drug use.

This research argues that a drug user self is formed through the interaction of subjective and external discourses of drug user typologies which are enmeshed in law and order discourse, and the discourses of therapeutic and public health prevention strategies. It is within these sites of governance that the problem drug user and the recreational drug user are produced. Coomber and Sutton (2006) suggest that these constructions deflect attention from the subjective processes that interact with potent

chemical substances. They also justify punitive policy responses to illicit drug use which can potentially exacerbate, rather than reduce drug related harm.

We conclude that the drug user self is a contingent, fluid process of subjectification that entails a process of constant reconstruction. This process allows for a range of selves, rather than a fixed or static typology of drug users as either a recreational user or an addict. Inflated and distorted accounts of illicit drugs and drug users can obscure subjective and social contexts of drug use that contribute to the ways in which young people use drugs. They can also shape how drug use is governed, and what drug users believe about their drug use and how they enact these beliefs through practices of the self. It is worth considering how a different set of discourses, policies and practices might influence what the addict group of drug users believe about their drug use, and how they might respond to it. In the same vein we can reflect on how different discourses, policies and practices might influence the polarized views of the recreational group of drug users.

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